45	CAMPAIGN FINANCIAL REPORT
Par sign	(All of the information in this report is public information)
Name of candidate	committee or corporation <u>laware</u> Torres
" All " HICO	

Type of	Campaign same		Period of time covered by report:	
report	Campaign comm Association or co		10 00	
-	Final report	from <u>8</u> *	10-01 ot	
INTERNATION OF THE STATE OF THE	tis distributivo de accompleta de la concentrativo de la concentrativo de la concentrativo de la concentrativo	WAREAUTHEWAS DECEMBER SOUTHERASTIC STATES AND A STATES AND A STATES AND A STATE AND A STATE AND A STATE AND A STATE AND A STATES AND A STATE AND A STA		
Give the total for all co		RIBUTIONS RECEIVED eriod of time covered by this report. Co	ntributions should be listed by	
(money or in-kind) rath	er than contributor. See note on c	contribution limits on the back of this form	n. Use a separate sheet to item	
contributions from a sir	ngle source that exceeded \$100 du	ring the calendar year. This itemization m	ust include name, address, emp	
	iployed, amount and date for these	Sugara and the Salar and the s		
CASH	\$ 25.00	TOTAL CASH-ON-HAND	\$	
IN-KIND	+ \$	A some A second and a second and a second as a second		
TOTAL AMOUNT REC	EIVED = DE (xD			
	\$ 25.00	Alternative design of the state		
	9 16 7 1 1 [DISBURSEMENTS		
Include the amount,	date and purpose for all disburs	ements made during the period of tim	ne covered by report.	
Attach additional she	ets if necessary.			
Date		Purpose	Amount	
8-1-17	filing fee		5.00	
10-23-17	Signs 20 Stake	a	505.30	
and the second of	3	salar Status salar s	3 23 401	
n isin nilah t		rantition (E man is referred	4 40.85 (12.2.5)	
		TO	TAL 510.30	
		N THE THE RESERVE		
		E PROJECT EXPENDITURES		
		ate message project for which contri		
more than \$200. Sub	7 1138 1 *1	project. Attach additional sheets if ne	cessary.	
	ption			
Project title or descri			Expenditure or	
Project title or descri	Purpose	Name and Address	- Aperiareare or	
	Purpose	Name and Address of Recipient	Contribution	
Project title or descri	Purpose	1		
	Purpose	1	Contribution	
	Purpose	of Recipient	Contribution Amount	
	Purpose	of Recipient	Contribution	
Date		of Recipient	Contribution Amount	
Date	Purpose full and true statement.	of Recipient TO	Contribution Amount TAL	
Date I certify that this is a	full and true statement.	of Recipient TO Signature	Contribution Amount TAL Date	
Date	full and true statement.	of Recipient TO	Contribution Amount TAL Date	

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes* 211A.05, subdivision 1)

Campaign Information
Name of candidate or committee Church P Johnson
Office sought by candidate (if applicable) City Council
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Date 17-9-10 NOV 2017